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SERIAL NUMBER 10/721,307	FILING OR 371(c) DATE 11/25/2003 RULE	CLASS 434	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. 16844.57
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/292,192 11/11/2002 ABN which is a CON of 09/640,700 08/17/2000 PAT 6,527,558

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**** FOREIGN APPLICATIONS *******

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

02/26/2004

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	<i>10/</i> Examiner's Signature _____ Initials _____			
STATE OR COUNTRY	FL	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
		45	45	3

ADDRESS
000027683

TITLE

Interactive education system for teaching patient care

FILING FEE RECEIVED 675	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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